

A Public Document

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

## 1. Agency Name

Oakland-Alameda County Coliseum Authority  
Division, Department, or Region (if Applicable)

Susan S. Muranishi, County Administrator, Alameda County  
Designated Agency Contact (Name, Title)

Area Code/Phone Number  
510-272-3862

E-mail  
countyadministrator@acgov.org

Date Stamp

California

For Official Use Only

☐ Amendment (Must provide explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(Month, Day, Year)

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Event Description Golden State Warriors Basketball  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

Face Value of Each Ticket/Pass \$ See attached

Date(s) See attached

If no: \_\_\_\_\_  
Name of Source

If yes: \_\_\_\_\_  
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|---|------------------------------|---|
|   |                              |   |
|   |                              |   |
|   |                              |   |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/Pass(es) | Identify one of the following:  |
| Muranishi, Susan S.   | 2/date                       | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:<br>to provide incentives to City and County employees that provide services to the Authority |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:   |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|   |                              |   |
|   |                              |   |

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Susan Muranishi Susan S. Muranishi  
Signature of Agency Head or Designee Print Name

County Administrator  
Title

10/4/16  
(Month, Day, Year)

Comment: \_\_\_\_\_

Golden State Warriors

October 2016

Susan Muranishi

|              |                  |             |           |
|--------------|------------------|-------------|-----------|
| • Warriors v | October 4, 2016  | (2) tickets | \$675.00  |
| • Warriors v | October 21, 2016 | (2) tickets | \$675.00  |
| • Warriors v | October 25, 2016 | (2) tickets | \$1350.00 |

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

## 1. Agency Name

Oakland Alameda County Coliseum Authority

Division, Department, or Region (if applicable)

Chris Dobbins, OACCA Commissioner

Designated Agency Contact (Name, Title)

Area Code/Phone Number

510.383.4801

E-mail

chrisdobbins@oaklandnet.com

Date Stamp

California  
Form 802

For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ See attached

Event Description: Warriors basketball 2016 Season  
Provide Title/Explanation

Date(s) See attached

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐

If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒

If yes: \_\_\_\_\_  
Official's Name (Last, First)

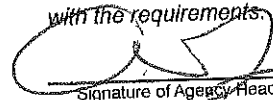
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy  |
|---|-----------------------------|---|
|   |                             |   |
|   |                             |   |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:  |
| Dobbins, Chris  | 2 per                       | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:<br>to investigate efficiencies of operations of various sporting and other events that occur at Coliseum Complex |
|   | game                        | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:   |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy  |
|   |                             |   |
|   |                             |   |

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

  
Signature of Agency Head or Designee

Chris Dobbins  
Print Name

OACCA Commissioner  
Title

October 2016  
(month, day, year)

Comment: \_\_\_\_\_

**Golden State Warriors**

**October 2016**

**Chris Dobbins**

|              |                  |             |           |
|--------------|------------------|-------------|-----------|
| • Warriors v | October 4, 2016  | (2) tickets | \$675.00  |
| • Warriors v | October 21, 2016 | (2) tickets | \$675.00  |
| • Warriors v | October 25, 2016 | (2) tickets | \$1350.00 |



Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

|   |                                 |  |   |
|---|---------------------------------|--|---|
| 1. Agency Name                                  |                                 | Date Stamp   | <b>California Form 802</b><br>For Official Use Only |
| Oakland-Alameda County Coliseum Authority       |                                 |  |   |
| Division, Department, or Region (If Applicable) |                                 |  |   |
| Barbara J. Parker, City Attorney/OAACA Official |                                 |  |   |
| Designated Agency Contact (Name, Title)         |                                 | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) |   |
| Area Code/Phone Number                          | E-mail                          | Date of Original Filing: _____<br>(Month, Day, Year)                     |   |
| (510) 238-3815                                  | bparker@oaklandcityattorney.org |  |   |

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 1,350.00

Event Description Warriors v. San Antonio Spurs Date(s) 10 / 25 / 16  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
*Name of Source*

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐ If yes: \_\_\_\_\_  
*Official's Name (Last, First)*

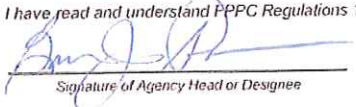
3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy   |
|---|------------------------------|--|
|   |                              |  |
|   |                              |  |
|   |                              |  |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/Pass(es) | Identify one of the following:   |
| Barbara J. Parker   | 2                            | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i><br>To investigate the efficiencies of the operations of the various sporting and other events that occur at Coliseum Complex |
|   | 2                            | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i>   |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy   |
|   |                              |  |
|   |                              |  |

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements


 Barbara J. Parker
 City Attorney/OAACA Official
 11/09/2016

*Signature of Agency Head or Designee*
*Print Name*
*Title*
*(Month, Day, Year)*

Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

|   |   |   |   |
|---|---|---|---|
| 1. Agency Name<br>Oakland-Alameda County Coliseum Authority |   | Date Stamp  | California Form <b>802</b><br>For Official Use Only |
| Division, Department, or Region (If Applicable)             |   |   |   |
| Barbara J. Parker, City Attorney/OAACA Official             |   |   |   |
| Designated Agency Contact (Name, Title)                     |   | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____ (Month, Day, Year) |   |
| Area Code/Phone Number<br>(510) 238-3815                    | E-mail<br>bparker@oaklandcityattorney.org |   |   |

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 675.00

Event Description Warriors v. Portland Trail Blazers Date(s) 10 / 21 / 16  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_ Name of Source

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐ If yes: \_\_\_\_\_ Official's Name (Last, First)


3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy   |
|---|------------------------------|--|
|   |                              |  |
|   |                              |  |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/Pass(es) | Identify one of the following:   |
| Barbara J. Parker   | 2                            | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small><br>To investigate the efficiencies of the operations of the various sporting and other events that occur at Coliseum Complex |
|   | 2                            | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small>   |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy   |
|   |                              |  |
|   |                              |  |

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements


 Signature of Agency Head or Designee
 Barbara J. Parker
 Print Name
 City Attorney/OAACA Official
 Title
 11/09/2016
 (Month, Day, Year)

Comment: \_\_\_\_\_



# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

## 1. Agency Name

Oakland-Alameda County Coliseum Authority

Division, Department, or Region (If Applicable)

Barbara J. Parker, City Attorney/OAACA Official

Designated Agency Contact (Name, Title)

Area Code/Phone Number

(510) 238-3815

E-mail

bparker@oaklandcityattorney.org

Date Stamp

California  
Form

802

For Official Use Only

☐ Amendment (Must provide explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(Month, Day, Year)

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 675.00

Event Description Warriors v. Los Angeles Clippers  
Provide Title/Explanation

Date(s) 10 / 4 / 16

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐

If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

If yes: \_\_\_\_\_  
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|---|------------------------------|---|
|   |                              |   |
|   |                              |   |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/Pass(es) | Identify one of the following:  |
| Johnson, Tiago  | 2                            | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:<br>To provide incentives to City and County employees that provide services to the Authority |
|   | 2                            | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:   |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|   |                              |   |
|   |                              |   |

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Barbara J. Parker  
(Signature of Agency Head or Designee)

Barbara J. Parker

Print Name

City Attorney/OAACA Official

Title

11/09/2016

(Month, Day, Year)

Comment: \_\_\_\_\_

FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

|  |                                |  |   |
|--|--------------------------------|--|---|
| <b>1. Agency Name</b><br>Oakland Alameda County Coliseum Authority         |                                | Date Stamp   | California Form <b>802</b><br>For Official Use Only |
| Division, Department, or Region (if applicable)<br>Larry Reid, OACCA Chair |                                |  |   |
| Designated Agency Contact (Name, Title)                                    |                                |  |   |
| Area Code/Phone Number<br>510.383.4801                                     | E-mail<br>lreid@oaklandnet.com | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)<br>Date of Original Filing: _____<br>(month, day, year) |   |

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ See attached

Event Description: Warriors Basketball 2016 Season Date(s) See attached  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

**3. Recipients**

\* Use Section A to identify the agency's department or unit. \* Use Section B to identify an individual. \* Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|---|-----------------------------|--|
|   |                             |  |
|   |                             |  |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
| Reid, Larry   | 2 per                       | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small><br>to investigate efficiencies of various sporting and other events that occur at Coliseum Complex |
|   | game                        | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small>   |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|   |                             |  |
|   |                             |  |

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


 Signature of Agency Head or Designee
 Larry Reid
 Print Name
 OACCA Chari
 Title
 October 2016
 (month, day, year)

Comment: \_\_\_\_\_

**Golden State Warriors**

**October 2016**

**Larry Reid**

|              |                  |             |           |
|--------------|------------------|-------------|-----------|
| • Warriors v | October 4, 2016  | (2) tickets | \$675.00  |
| • Warriors v | October 21, 2016 | (2) tickets | \$675.00  |
| • Warriors v | October 25, 2016 | (2) tickets | \$1350.00 |



**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

|  |                                |   |   |
|--|--------------------------------|---|---|
| <b>1. Agency Name</b><br>Oakland Alameda County Coliseum Authority         |                                | Date Stamp  | California Form <b>802</b><br>For Official Use Only |
| Division, Department, or Region (if applicable)<br>Larry Reid, OACCA Chair |                                |   |   |
| Designated Agency Contact (Name, Title)<br>Larry Reid, OACCA Chair         |                                |   |   |
| Area Code/Phone Number<br>510.383.4801                                     | E-mail<br>lreid@oaklandnet.com | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)<br>Date of Original Filing: _____ (month, day, year) |   |

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 275.00

Event Description: Raider 2016 Season Date(s) see attached  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☐ If yes: \_\_\_\_\_  
Official's Name (Last, First)

**3. Recipients**

\* Use Section A to identify the agency's department or unit. \* Use Section B to identify an individual. \* Use Section C to identify an outside organization.

|           |  |                             |  |
|-----------|--|-----------------------------|--|
| <b>A.</b> | Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|           |  |                             |  |
|           |  |                             |  |
| <b>B.</b> | Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
|           | Reid, Larry  |                             | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:<br>to investigate the efficiencies of operations for various sporting and other events that occur at Coliseum Complex |
|           |  |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:  |
| <b>C.</b> | Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|           |  |                             |  |
|           |  |                             |  |

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


 Signature of Agency Head or Designee
 Larry Reid
 Print Name
 OACCA Chair
 Title
 8.11.16
 (month, day, year)

Comment: \_\_\_\_\_

Raiders Football

October 2016

Larry Reid

- |                         |                  |             |
|-------------------------|------------------|-------------|
| • Raiders v San Diego   | October 9, 2016  | (2) tickets |
| • Raiders v Kansas City | October 16, 2016 | (2) tickets |

Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

|  |                                     |  |   |
|--|-------------------------------------|--|---|
| <b>1. Agency Name</b><br>Oakland Alameda County Coliseum Authority                   |                                     | Date Stamp   | California Form <b>802</b><br>For Official Use Only |
| Division, Department, or Region (if applicable)<br>Chris Dobbins, OACCA Commissioner |                                     |  |   |
| Designated Agency Contact (Name, Title)<br>Chris Dobbins, OACCA Commissioner         |                                     |  |   |
| Area Code/Phone Number<br>510.383.4801   | E-mail<br>chrisdobbinslaw@yahoo.com | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)<br>Date of Original Filing: _____<br>(month, day, year) |   |

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 275.00  
Event Description: Raider 2016 Season Date(s) see attached  
Provide Title/Explanation  
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source  
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

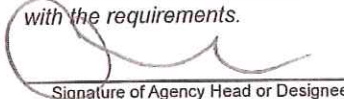
**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|---|-----------------------------|--|
|   |                             |  |
|   |                             |  |
|   |                             |  |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
| Dobbins, Chris  | 2 per                       | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small><br>to investigate efficiencies of the operations of various sporting and other events that occur at Coliseum Complex |
|   | game                        | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small>   |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|   |                             |  |
|   |                             |  |

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

 Chris Dobbins OACCA Commissioner  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_



Raiders Football

October 2016

Chris Dobbins

- |                         |                  |             |
|-------------------------|------------------|-------------|
| • Raiders v San Diego   | October 9, 2016  | (2) tickets |
| • Raiders v Kansas City | October 16, 2016 | (2) tickets |

**Agency Report of:**  
**Ceremonial Role Events and Ticket/Pass Distributions**

A Public Document

|   |   |  |   |
|---|---|--|---|
| <b>1. Agency Name</b><br>Oakland-Alameda County Coliseum Authority  |   | Date Stamp   | California Form <b>802</b><br>For Official Use Only |
| Division, Department, or Region <i>(If Applicable)</i><br>Barbara J. Parker, City Attorney/OAACA Official |   |  |   |
| Designated Agency Contact <i>(Name, Title)</i>  |   |  |   |
| Area Code/Phone Number<br>(510) 238-3815  | E-mail<br>bparker@oaklandcityattorney.org | <input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i><br>Date of Original Filing: _____<br><i>(Month, Day, Year)</i> |   |

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

| Event Description | Oakland Raiders 2016 Season Tickets |
|-------------------|-------------------------------------|
|                   | <i>Provide Title/Explanation</i>    |

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

Face Value of Each Ticket/Pass \$ \_\_\_\_\_

Date(s) 08 / 27 / 16 12 / 24 / 16

If no: \_\_\_\_\_  
Name of Source

If yes: \_\_\_\_\_  
Official's Name (Last, First)

### 3. Recipients

**Recipients**  
 • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| Use Section A to identify the agency's department or unit. |   |  |
|--|---|--|
| <b>A.</b>  | Name of Agency, Department or Unit                                | Number of Ticket(s)/ Pass(es)<br>Describe the public purpose made pursuant to the agency's policy  |
|  |   |  |
|  |   |  |
| <b>B.</b>  | Name of Individual<br><i>(Last, First)</i>                        | Number of Ticket(s)/ Pass(es)<br>Identify one of the following:<br>Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i> |
|  | Barbara J. Parker   | 2<br>To investigate the efficiencies of the operations of the various sporting and other events that occur at Coliseum Complex   |
|  |   | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i>   |
|  |   | 2  |
| <b>C.</b>  | Name of Outside Organization<br>(include address and description) | Number of Ticket(s)/ Pass(es)<br>Describe the public purpose made pursuant to the agency's policy  |
|  |   |  |
|  |   |  |

#### 4. Verification

**Verification**  
I have read and understand EPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements

Barbara L. Park  
Signature of Agency Head or Designee

Barbara J. Parker  
Print Name

City Attorney/OAACA Official \_\_\_\_\_  
Title \_\_\_\_\_

08/03/2016  
(Month Day Year)

Comment: \_\_\_\_\_

Raiders Football

October 2016

Barbara Parker

- |                         |                  |             |
|-------------------------|------------------|-------------|
| • Raiders v San Diego   | October 9, 2016  | (2) tickets |
| • Raiders v Kansas City | October 16, 2016 | (2) tickets |

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

A Public Document

|   |                           |   |   |
|---|---------------------------|---|---|
| 1. Agency Name                                  |                           | Date Stamp  | California Form <b>802</b><br>For Official Use Only |
| Oakland Alameda County Coliseum Authority       |                           |   |   |
| Division, Department, or Region (If Applicable) |                           |   |   |
| Yui Hay Lee, Commissioner                       |                           |   |   |
| Designated Agency Contact (Name, Title)         |                           |   |   |
| Area Code/Phone Number<br>(510) 836-6688        | E-mail<br>YuiHay@YHLA.net | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____ (Month, Day, Year) |   |

2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☐

Event Description RAIDER GAMES  
Provide Title/Explanation  
2016-17

Face Value of Each Ticket/Pass \$ 275.00

Date(s) 2 TIX / GAME  
REGULAR SEASON

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐

If no: \_\_\_\_\_ Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☐

If yes: \_\_\_\_\_ Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|---|------------------------------|---|
| Yui Hay Lee, Commissioner   | 16                           | #3  |
|   |                              |   |
|   |                              |   |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/Pass(es) | Identify one of the following:  |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below: |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below: |
|   |                              |   |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|   |                              |   |
|   |                              |   |

4. Verification

I have read and understand FPPC Regulations 10944.1 and 10942. I have verified that the distribution set forth above, is in accordance with the requirements.

[Signature] Yui Hay Lee OACCA Commission 8/24/16  
 Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: \_\_\_\_\_

FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

## Raiders Football

October 2016

Yui Hay Lee

- |                         |                  |             |
|-------------------------|------------------|-------------|
| • Raiders v San Diego   | October 9, 2016  | (2) tickets |
| • Raiders v Kansas City | October 16, 2016 | (2) tickets |



# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

|  |                                    |  |   |
|--|------------------------------------|--|---|
| <b>1. Agency Name</b><br>Oakland Alameda County Coliseum Authority |                                    | Date Stamp   | California Form <b>802</b><br>For Official Use Only |
| Division, Department, or Region (If Applicable)                    |                                    |  |   |
| Sabrina B. Landreth  |                                    | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br>(Month, Day, Year) |   |
| Designated Agency Contact (Name, Title)                            |                                    |  |   |
| City Administrator   |                                    |  |   |
| Area Code/Phone Number<br>(510) 238-6840                           | E-mail<br>SLandreth@oaklandnet.com |  |   |

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 275<sup>00</sup>

Event Description Raiders Date(s) 10 / 09 / 16  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: Sabrina Landreth  
Official's Name (Last, First)


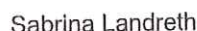
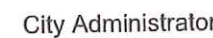
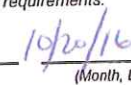
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|---|------------------------------|---|
|   |                              |   |
|   |                              |   |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/Pass(es) | Identify one of the following:  |
| Landreth, Sabrina   | 2                            | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:<br>To investigate the efficiencies of the operations of the various sporting and other events that occur at the Coliseum Complex. |
|   | 2                            | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:   |
| C. Name of Outside Organization (Include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|   |                              |   |
|   |                              |   |

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


 Signature of Agency Head or Designee
 
 Sabrina Landreth
 Print Name
 
 City Administrator
 Title
 
 10/20/16
 (Month, Day, Year)

**A Public Document**

## 2. Function or Event Information

Yes ☒ No ☐

Provide Title/Explanation

Date(s) 10 / 16 / 16

Yes ☒ No ☐

If no: \_\_\_\_\_  
Name of Source

No ☐ Yes ☒

If yes: Sabrina Landreth  
Official's Name (Last, First)

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

#### 4. Verification

Signature of Agency Head or Designee

Print Name \_\_\_\_\_

Title

10/20/16  
(Month, Day, Year)

Comment:

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

## 1. Agency Name

Oakland-Alameda County Coliseum Authority

Division, Department, or Region (if Applicable)

Susan S. Muranishi, County Administrator, Alameda County

Designated Agency Contact (Name, Title)

Area Code/Phone Number  
510-272-3862E-mail  
countyadministrator@acgov.org

Date Stamp

California  
Form 802

For Official Use Only

☐ Amendment (Must provide explanation in Part 3.)

Date of Original Filing: (Month, Day, Year)

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐Face Value of Each Ticket/Pass \$ 275<sup>00</sup>Event Description Oakland Raiders - 2016 dates attached.  
Provide Title/Explanation

Date(s) \_\_\_\_\_

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐

If no: \_\_\_\_\_ Name of Source

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

If yes: \_\_\_\_\_ Official's Name (Last, First)

## 3. Recipients

\* Use Section A to identify the agency's department or unit. \* Use Section B to identify an individual. \* Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|---|------------------------------|---|
|   |                              |   |
|   |                              |   |
|   |                              |   |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/Pass(es) | Identify one of the following:  |
| Muranishi, Susan S.   | 2/date                       | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:<br>to investigate the efficiencies of the operations of the various sporting and other events that occur at the Coliseum Complex |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:   |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|   |                              |   |
|   |                              |   |

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

*Susan S. Muranishi*  
Signature of Agency Head or Designee

Susan S. Muranishi  
Print Name

County Administrator  
Title

8/29/16  
(Month, Day, Year)

Comment: \_\_\_\_\_



## Raiders Football

October 2016

Susan Muranishi

- |                         |                  |             |
|-------------------------|------------------|-------------|
| • Raiders v San Diego   | October 9, 2016  | (2) tickets |
| • Raiders v Kansas City | October 16, 2016 | (2) tickets |

JPA

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

|   |                            |   |  |
|---|----------------------------|---|--|
| 1. Agency Name                                  |                            | Date Stamp  | California Form 802<br>For Official Use Only |
| Oakland Alameda County Coliseum Authority       |                            |   |  |
| Division, Department, or Region (If Applicable) |                            |   |  |
| Scott Haggerty, OACCA Commissioner              |                            | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____ (Month, Day, Year) |  |
| Designated Agency Contact (Name, Title)         |                            |   |  |
| Area Code/Phone Number                          | E-mail                     |   |  |
| 510.272.6691                                    | leeann.fergerson@acgov.org |   |  |

|  |  |  |
|--|--|--|
| 2. Function or Event Information   |  | Face Value of Each Ticket/Pass \$ <u>2.75</u>                                  |
| Does the agency have a ticket policy? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |  | Date(s) <u>10, 9, 16</u>   |
| Event Description <u>Raiders</u><br><small>Provide Title/Explanation</small>   |  | If no: <u>GSW</u><br><small>Name of Source</small>                             |
| Ticket(s)/Pass(es) provided by agency? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                         |  | If yes: <u>Haggerty, Scott</u><br><small>Official's Name (Last, First)</small> |
| Was ticket distribution made at the behest of agency official? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> |  |  |

|   |                              |  |
|---|------------------------------|--|
| 3. Recipients   |                              |  |
| <small>* Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization.</small> |                              |  |
| A. Name of Agency, Department or Unit   | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy   |
|   |                              |  |
|   |                              |  |
| B. Name of Individual (Last, First)   | Number of Ticket(s)/Pass(es) | Identify one of the following:   |
| <u>Tom Silva</u>  | <u>2</u>                     | To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales <input type="checkbox"/>                          |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below.</small> |
| C. Name of Outside Organization (include address and description)   | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy   |
|   |                              |  |
|   |                              |  |

|  |  |  |
|--|--|--|
| 4. Verification  |  |  |
| <small>I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.</small> |  |  |
| <u>[Signature]</u><br><small>Signature of Agency Head or Designate</small>   | <u>Lee Ann Ferguson</u><br><small>Print Name</small> | <u>Supervisors Assistant</u><br><small>Title</small> |
|  |  | <u>10/3/16</u><br><small>(Month, Day, Year)</small>  |
| Comment: _____   |  |  |

JPA

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

|   |                            |   |   |
|---|----------------------------|---|---|
| 1. Agency Name                                  |                            | Date Stamp  | California Form <b>802</b><br>For Official Use Only |
| Oakland Alameda County Coliseum Authority       |                            |   |   |
| Division, Department, or Region (If Applicable) |                            |   |   |
| Scott Haggerty, OACCA Commissioner              |                            | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____ (Month, Day, Year) |   |
| Designated Agency Contact (Name, Title)         |                            |   |   |
| Area Code/Phone Number                          | E-mail                     |   |   |
| 510.272.6691                                    | leeann.fergerson@acgov.org |   |   |

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Event Description William Raiders  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

Face Value of Each Ticket/Pass \$ 275.00

Date(s) 10, 16, 16

If no: GSW Name of Source

If yes: Haggerty, Scott Official's Name (Last, First)

## 3. Recipients

Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|---|------------------------------|---|
|   |                              |   |
|   |                              |   |
|   |                              |   |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/Pass(es) | Identify one of the following:  |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/>   |
|   |                              | If checking "Ceremonial Role" or "Other" describe below:  |
| <u>Cameron Gozart</u>   | <u>2</u>                     | To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales <input type="checkbox"/> |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|   |                              |   |
|   |                              |   |

## 4. Verification

I have read and understand FPPC Regulations 18914.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: Lee Ann Ferguson First Name: Lee Ann Supervisors Assistant: 10/14/16 Date: 10/14/16 (Month, Day, Year)

Comment: \_\_\_\_\_



# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

|  |                                    |  |   |
|--|------------------------------------|--|---|
| <b>1. Agency Name</b><br>OaklandAlameda County Coliseum Authority<br><b>Division, Department, or Region (if applicable)</b><br>Larry Reid, OACCA Chair<br><b>Designated Agency Contact (Name, Title)</b> |                                    | Date Stamp<br><br><input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)<br><br>Date of Original Filing: _____<br>(month, day, year) | <b>California Form 802</b><br>For Official Use Only |
| <b>Area Code/Phone Number</b><br>510.383.4801  | <b>E-mail</b><br>lreid@oakland.net |  |   |

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 149.50

Event Description: Sia Concert Date(s) 10 / 01 / 16  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☐ If yes: \_\_\_\_\_  
Official's Name (Last, First)

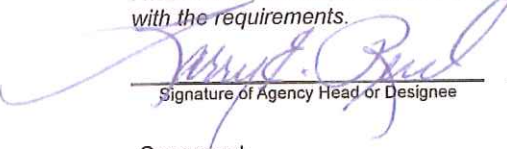
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

|           |   |                                    |   |
|-----------|---|------------------------------------|---|
| <b>A.</b> | <b>Name of Agency, Department or Unit</b>                             | <b>Number of Ticket(s)/ Passes</b> | <b>Describe the public purpose made pursuant to the agency's policy</b>   |
|           |   |                                    |   |
| <b>B.</b> | <b>Name of Individual (Last, First)</b>                               | <b>Number of Ticket(s)/ Passes</b> | <b>Identify one of the following:</b>   |
|           | Reid, Larry   | 2                                  | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:<br>to investigate efficiencies of operations of various Sporting and other events that occur at Coliseum Complex |
|           |   |                                    | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:   |
| <b>C.</b> | <b>Name of Outside Organization (include address and description)</b> | <b>Number of Ticket(s)/ Passes</b> | <b>Describe the public purpose made pursuant to the agency's policy</b>   |
|           |   |                                    |   |

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

  
Signature of Agency Head or Designee

Larry Reid  
Print Name

OACCA Chair  
Title

10.3.16  
(month, day, year)

Comment: \_\_\_\_\_

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

## 1. Agency Name

OaklandAlameda County Coliseum Authority

Division, Department, or Region (if applicable)

Christopher Dobbins, OACCA Commissioner

Designated Agency Contact (Name, Title)

Area Code/Phone Number

510.383.4801

E-mail

chrisdobbinslaw@yahoo.com

Date Stamp

California  
Form **802**

For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

## 2. Function or Event Information

Does the agency have a ticket policy?

Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 149.50

Event Description: Sla Concert

Provide Title/Explanation

Date(s) 10 / 01 / 16

Ticket(s)/Pass(es) provided by agency?

Yes ☐ No ☐

If no:

Name of Source

Was ticket distribution made at the behest  
of agency official?

Yes ☐ No ☐

If yes:

Official's Name (Last, First)

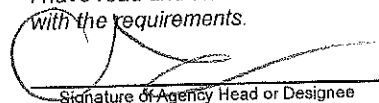
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy  |
|---|-----------------------------|---|
|   |                             |   |
|   |                             |   |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:  |
| Dobbins, Chris  | 2                           | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:<br>to investigate the efficiencies of operations of various sporting and other events that occur at Coliseum Complex |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:   |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy  |
|   |                             |   |
|   |                             |   |

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

  
Signature of Agency Head or Designee

Chris Dobbins

Print Name

OACCA Commissioner

Title

10.3.16

(month, day, year)

Comment: \_\_\_\_\_

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

## 1. Agency Name

Oakland Alameda County Coliseum Authority

Division, Department, or Region (If Applicable)

Sabrina B. Landreth

Designated Agency Contact (Name, Title)

City Administrator

Area Code/Phone Number

(510) 238-6840

E-mail

SLandreth@oaklandnet.com

Date Stamp

California Form 802

For Official Use Only

☐ Amendment (Must provide explanation in Part 3.)

Date of Original Filing: (Month, Day, Year)

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 14950

Event Description Sia  
Provide Title/Explanation

Date(s) 10 / 01 / 16

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐

If no: Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

If yes: Sabrina Landreth  
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|---|------------------------------|---|
|   |                              |   |
|   |                              |   |
|   |                              |   |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/Pass(es) | Identify one of the following:  |
| Rocha, Tora   | 4                            | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:<br>To provide incentives to City employees that provide services to the Authority |
|   | 4                            | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:   |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|   |                              |   |
|   |                              |   |

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee

Sabrina Landreth

Print Name

City Administrator

Title

10/01/16  
(Month, Day, Year)

Comment:

FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)



# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

|   |   |  |   |
|---|---|--|---|
| 1. Agency Name<br>Oakland-Alameda County Coliseum Authority |   | Date Stamp   | California Form <b>802</b><br>For Official Use Only |
| Division, Department, or Region (If Applicable)             |   |  |   |
| Barbara J. Parker, City Attorney/OAACA Official             |   |  |   |
| Designated Agency Contact (Name, Title)                     |   | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br>(Month, Day, Year) |   |
| Area Code/Phone Number<br>(510) 238-3815                    | E-mail<br>bparker@oaklandcityattorney.org |  |   |

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 149.50

Event Description Sia Date(s) 10 / 1 / 16  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☐ If yes: \_\_\_\_\_  
Official's Name (Last, First)


## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                                | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy   |
|--|------------------------------|--|
|  |                              |  |
|  |                              |  |
| B. Name of Individual<br>(Last, First)                               | Number of Ticket(s)/Pass(es) | Identify one of the following:   |
| Barbara J. Parker  | 2                            | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small><br>To investigate the efficiencies of the operations of the various sporting and other events that occur at Coliseum Complex |
|  | 2                            | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small>   |
| C. Name of Outside Organization<br>(include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy   |
|  |                              |  |
|  |                              |  |

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements

|   |                           |                              |                                   |
|---|---------------------------|------------------------------|-----------------------------------|
|  | Barbara J. Parker         | City Attorney/OAACA Official | 10/18/2016                        |
| <small>Signature of Agency Head or Designee</small>                                 | <small>Print Name</small> | <small>Title</small>         | <small>(Month, Day, Year)</small> |

Comment: \_\_\_\_\_

FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

## 1. Agency Name

OaklandAlameda County Coliseum Authority

Division, Department, or Region (If applicable)

Larry Reid, OACCA Chair

Designated Agency Contact (Name, Title)

Area Code/Phone Number

510.383.4801

E-mail

lreid@oakland.net

Date Stamp

California  
Form **802**

For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 385.00

Event Description: Dixie Chicks Concert Date(s) 10 / 07 / 16  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☐ If yes: \_\_\_\_\_  
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. | Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy  |
|----|--|-----------------------------|---|
|    |  |                             |   |
|    |  |                             |   |
| B. | Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:  |
|    |  |                             | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|    | Reid, Larry  | 2                           | to investigate efficiencies of operations of various Sporting and other events that occur at Coliseum Complex   |
|    |  |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small>            |
| C. | Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy  |
|    |  |                             |   |
|    |  |                             |   |

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee

Larry Reid

Print Name

OACCA Chair

Title

10.3.16

(month, day, year)

Comment: \_\_\_\_\_



# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

|  |   |  |   |
|--|---|--|---|
| 1. Agency Name<br>Oakland-Alameda County Coliseum Authority<br>Division, Department, or Region (If Applicable)<br>Barbara J. Parker, City Attorney/OAACA Official<br>Designated Agency Contact (Name, Title) |   | Date Stamp   | California Form <b>802</b><br>For Official Use Only |
| Area Code/Phone Number<br>(510) 238-3815   | E-mail<br>bparker@oaklandcityattorney.org | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br>(Month, Day, Year) |   |

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 89.50

Event Description Dixie Chicks Date(s) 10 / 7 / 16  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☐ If yes: \_\_\_\_\_  
Official's Name (Last, First)

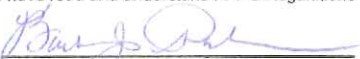
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                                | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy   |
|--|------------------------------|--|
|  |                              |  |
|  |                              |  |
|  |                              |  |
| B. Name of Individual<br><small>(Last, First)</small>                | Number of Ticket(s)/Pass(es) | Identify one of the following:   |
| Barbara J. Parker  | 2                            | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small><br>To investigate the efficiencies of the operations of the various sporting and other events that occur at Coliseum Complex |
|  | 2                            | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small>   |
| C. Name of Outside Organization<br>(include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy   |
|  |                              |  |
|  |                              |  |

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

|   |                           |                              |                                   |
|---|---------------------------|------------------------------|-----------------------------------|
|  | Barbara J. Parker         | City Attorney/OAACA Official | 10/18/2016                        |
| <small>Signature of Agency Head or Designee</small>                                 | <small>Print Name</small> | <small>Title</small>         | <small>(Month, Day, Year)</small> |

Comment: \_\_\_\_\_

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

## 1. Agency Name

Oakland Alameda County Coliseum Authority  
Division, Department, or Region (if applicable)  
Christopher Dobbins, OACCA Commissioner  
Designated Agency Contact (Name, Title)

Area Code/Phone Number

510.383.4801

E-mail

chrisdobbinslaw@yahoo.com

Date Stamp

California Form 802

For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 385.00

Event Description: Dixie Chicks Date(s) 10 / 07 / 16  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☐ If yes: \_\_\_\_\_  
Official's Name (Last, First)

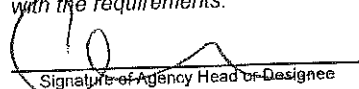
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. | Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|----|--|-----------------------------|--|
|    |  |                             |  |
|    |  |                             |  |
| B. | Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
|    |  |                             | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below: |
|    | Dobbins, Chris   | 2                           | to investigate the efficiencies of operations of various sporting and other events that occur at Coliseum Complex  |
|    |  |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:            |
| C. | Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|    |  |                             |  |
|    |  |                             |  |

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

  
Signature of Agency Head or Designee

Chris Dobbins  
Print Name

OACCA Commissioner  
Title

10.3.16  
(month, day, year)

Comment: \_\_\_\_\_

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

## 1. Agency Name

OaklandAlameda County Coliseum Authority

Division, Department, or Region (if applicable)

Christopher Dobbins, OACCA Commissioner

Designated Agency Contact (Name, Title)

Area Code/Phone Number

510.383.4801

E-mail

chrisdobbinslaw@yahoo.com

Date Stamp

California  
Form **802**

For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 136.50

Event Description: Golden Stae Music Fest

Date(s) 10 / 14 / 16

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐

If no:

Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☐

If yes:

Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. | Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy  |
|----|--|-----------------------------|---|
|    |  |                             |   |
|    |  |                             |   |
| B. | Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:  |
|    |  |                             | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/>  |
|    | Dobbins, Chris   | 2                           | If checking "Ceremonial Role" or "Other" describe below:<br>to investigate the efficiencies of operations of various sporting and other events that occur at Coliseum Complex |
|    |  |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/>   |
|    |  |                             | If checking "Ceremonial Role" or "Other" describe below:  |
| C. | Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy  |
|    |  |                             |   |
|    |  |                             |   |

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee

Chris Dobbins

Print Name

OACCA Commissioner

Title

10.3.16

(month, day, year)

Comment:

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

## 1. Agency Name

OaklandAlameda County Coliseum Authority

Division, Department, or Region (if applicable)

Larry Reid, OACCA Chair

Designated Agency Contact (Name, Title)

Area Code/Phone Number

510.383.4801

E-mail

lreid@oakland.net

Date Stamp

California  
Form **802**

For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 136.50

Event Description: Golden State Music Fest Date(s) 10 / 14 / 16

Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☐ If yes: \_\_\_\_\_  
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. | Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|----|--|-----------------------------|--|
|    |  |                             |  |
|    |  |                             |  |
| B. | Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
|    |  |                             | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below: |
|    | Reid, Larry  | 2                           | to investigate efficiencies of operations of various Sporting and other events that occur at Coliseum Complex  |
|    |  |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:            |
| C. | Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|    |  |                             |  |
|    |  |                             |  |

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee

Larry Reid  
Print Name

OACCA Chair  
Title

10.3.16  
(month, day, year)

Comment:



Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

|   |                                 |   |  |
|---|---------------------------------|---|--|
| 1. Agency Name                                  |                                 | Date Stamp  | California Form 802<br>For Official Use Only |
| Oakland-Alameda County Coliseum Authority       |                                 |   |  |
| Division, Department, or Region (If Applicable) |                                 |   |  |
| Barbara J. Parker, City Attorney/OAACA Official |                                 |   |  |
| Designated Agency Contact (Name, Title)         |                                 | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____ (Month, Day, Year) |  |
| Area Code/Phone Number                          | E-mail                          |   |  |
| (510) 238-3815                                  | bparker@oaklandcityattorney.org |   |  |

2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 136.50

Event Description Golden State Music Fest Date(s) 10 / 14 / 16

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: \_\_\_\_\_ Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☐ If yes: \_\_\_\_\_ Official's Name (Last, First)

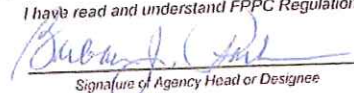
3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|---|------------------------------|---|
|   |                              |   |
|   |                              |   |
|   |                              |   |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/Pass(es) | Identify one of the following:  |
| Barbara J. Parker   | 2                            | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:<br>To investigate the efficiencies of the operations of the various sporting and other events that occur at Coliseum Complex |
|   | 2                            | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:   |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|   |                              |   |
|   |                              |   |

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

|   |                   |                              |                    |
|---|-------------------|------------------------------|--------------------|
|  | Barbara J. Parker | City Attorney/OAACA Official | 10/18/2016         |
| Signature of Agency Head or Designee  | Print Name        | Title                        | (Month, Day, Year) |

Comment: \_\_\_\_\_

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

## 1. Agency Name

Oakland Alameda County Coliseum Authority

Division, Department, or Region (If Applicable)

Sabrina B. Landreth

Designated Agency Contact (Name, Title)

City Administrator

Area Code/Phone Number

(510) 238-6840

E-mail

SLandreth@oaklandnet.com

Date Stamp

California  
Form **802**

For Official Use Only

☐ Amendment (Must provide explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(Month, Day, Year)

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 99.75

Event Description WWE  
Provide Title/Explanation

Date(s) 10 / 10 / 16

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐

If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

If yes: Sabrina Landreth  
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|---|------------------------------|---|
|   |                              |   |
|   |                              |   |
|   |                              |   |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/Pass(es) | Identify one of the following:  |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below: |
| Unable to Use   | 2                            | To provide incentives to City employees that provide services to the Authority  |
|   | 2                            | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below: |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|   |                              |   |
|   |                              |   |

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

[Signature]  
Signature of Agency Head or Designee

Sabrina Landreth  
Print Name

City Administrator  
Title

10/20/16  
(Month, Day, Year)

Comment: \_\_\_\_\_



# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

|   |   |  |  |
|---|---|--|--|
| 1. Agency Name<br>Oakland-Alameda County Coliseum Authority |   | Date Stamp   | California Form 802<br>For Official Use Only |
| Division, Department, or Region (If Applicable)             |   |  |  |
| Barbara J. Parker, City Attorney/OAACA Official             |   |  |  |
| Designated Agency Contact (Name, Title)                     |   | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br>(Month, Day, Year) |  |
| Area Code/Phone Number<br>(510) 238-3815                    | E-mail<br>bparker@oaklandcityattorney.org |  |  |

2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 99.75

Event Description WWE Raw Date(s) 10 / 10 / 16  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☐ If yes: \_\_\_\_\_  
Official's Name (Last, First)


3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                                | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy   |
|--|------------------------------|--|
|  |                              |  |
|  |                              |  |
| B. Name of Individual<br><small>(Last, First)</small>                | Number of Ticket(s)/Pass(es) | Identify one of the following:   |
| Barbara J. Parker  | 2                            | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small><br>To investigate the efficiencies of the operations of the various sporting and other events that occur at Coliseum Complex |
|  | 2                            | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small>   |
| C. Name of Outside Organization<br>(include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy   |
|  |                              |  |
|  |                              |  |

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

|   |                           |                              |                                   |
|---|---------------------------|------------------------------|-----------------------------------|
|  | Barbara J. Parker         | City Attorney/OAACA Official | 10/18/2016                        |
| <small>Signature of Agency Head or Designee</small>                                 | <small>Print Name</small> | <small>Title</small>         | <small>(Month, Day, Year)</small> |

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

**1. Agency Name**

Oakland Alameda County Coliseum Authority

Division, Department, or Region (if applicable)

Larry Reid, OACCA Chair

Designated Agency Contact (Name, Title)

Area Code/Phone Number

510.383.4801

E-mail

lreid@oakland.net

Date Stamp

California Form **802**

For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 99.75

Event Description: WWE Raw

Provide Title/Explanation

Date(s) 10 / 10 / 16

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐

If no:

Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☐

If yes:

Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. | Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|----|--|-----------------------------|--|
|    |  |                             |  |
|    |  |                             |  |
| B. | Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
|    |  |                             | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below: |
|    | Reid, Larry  | 2                           | to investigate efficiencies of operations of various Sporting and other events that occur at Coliseum Complex  |
|    |  |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:            |
| C. | Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|    |  |                             |  |
|    |  |                             |  |

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements

Signature of Agency Head or Designee

Larry Reid  
Print Name

OACCA Chair  
Title

10.3.16  
(month, day, year)

Comment:



# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

## 1. Agency Name

OaklandAlameda County Coliseum Authority

Division, Department, or Region (if applicable)

Christopher Dobbins, OACCA Commissioner

Designated Agency Contact (Name, Title)

Area Code/Phone Number

510.383.4801

E-mail

chrisdobbinslaw@yahoo.com

Date Stamp

California  
Form **802**

For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 99.75

Event Description: WWE Date(s) 10 / 10 / 16

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☐ If yes: \_\_\_\_\_  
Official's Name (Last, First)

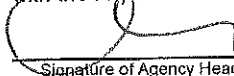
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. | Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|----|--|-----------------------------|--|
|    |  |                             |  |
|    |  |                             |  |
| B. | Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
|    |  |                             | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below: |
|    | Dobbins, Chris   | 2                           | to investigate the efficiencies of operations of various sporting and other events that occur at Coliseum Complex  |
|    |  |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:            |
| C. | Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|    |  |                             |  |
|    |  |                             |  |

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

  
Signature of Agency Head or Designee

Chris Dobbins  
Print Name

OACCA Commissioner  
Title

10.3.16  
(month, day, year)

Comment: \_\_\_\_\_

Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

|  |                                    |  |  |
|--|------------------------------------|--|--|
| <b>1. Agency Name</b><br>Oakland Alameda County Coliseum Authority |                                    | Date Stamp   | <b>California Form 802</b><br>For Official Use Only  |
| Division, Department, or Region (If Applicable)                    |                                    |  |  |
| Sabrina B. Landreth  |                                    | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) | Date of Original Filing: _____<br>(Month, Day, Year) |
| Designated Agency Contact (Name, Title)                            |                                    |  |  |
| City Administrator   |                                    |  |  |
| Area Code/Phone Number<br>(510) 238-6840                           | E-mail<br>SLandreth@oaklandnet.com |  |  |

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 126<sup>00</sup>

Event Description Maroon 5 Date(s) 10 / 16 / 16  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: Sabrina Landreth  
Official's Name (Last, First)

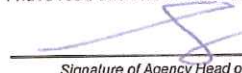
**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit  | Number of Ticket(s)/Pass(es)        | Describe the public purpose made pursuant to the agency's policy   |
|--|-------------------------------------|--|
|  |                                     |  |
|  |                                     |  |
|  |                                     |  |
| <b>B. Name of Individual</b><br><small>(Last, First)</small>                               | <b>Number of Ticket(s)/Pass(es)</b> | <b>Identify one of the following:</b>  |
| Unable to Use  | 2                                   | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small><br>To provide incentives to City employees that provide services to the Authority |
|  | 2                                   | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small>   |
| <b>C. Name of Outside Organization</b><br><small>(include address and description)</small> | <b>Number of Ticket(s)/Pass(es)</b> | <b>Describe the public purpose made pursuant to the agency's policy</b>  |
|  |                                     |  |
|  |                                     |  |

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

|   |                                |                             |                                       |
|---|--------------------------------|-----------------------------|---------------------------------------|
| <br>Signature of Agency Head or Designee | Sabrina Landreth<br>Print Name | City Administrator<br>Title | <u>10/20/16</u><br>(Month, Day, Year) |
|---|--------------------------------|-----------------------------|---------------------------------------|

Comment: \_\_\_\_\_

FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

|   |                                      |  |   |
|---|--------------------------------------|--|---|
| 1. Agency Name<br>Oakland Alameda County Coliseum Authority<br>Division, Department, or Region (If Applicable)<br>Scott Haggerty, OACCA Commissioner<br>Designated Agency Contact (Name, Title) |                                      | Date Stamp   | California Form <b>802</b><br>For Official Use Only |
| Area Code/Phone Number<br>510.272.6691  | E-mail<br>leeann.fergerson@acgov.org | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br>(Month, Day, Year) |   |

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 126.00

Event Description Maroon 5 Date(s) 10, 16, 16  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: (SW)  
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: Haggerty, Scott  
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

|   |                              |   |
|---|------------------------------|---|
| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|   |                              |   |
|   |                              |   |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/Pass(es) | Identify one of the following:<br>Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below: |
| <u>Esmarrida Garcia</u>   | <u>2</u>                     | To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales  |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|   |                              |   |
|   |                              |   |

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Lee Ann Ferguson      Lee Ann Ferguson      Supervisors Assistant      10/14/16  
 Signature of Agency Head or Designee      Print Name      Title      (Month, Day, Year)

Comment: \_\_\_\_\_



# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

|  |                                    |  |  |
|--|------------------------------------|--|--|
| <b>1. Agency Name</b><br>OaklandAlameda County Coliseum Authority<br><b>Division, Department, or Region (if applicable)</b><br>Larry Reid, OACCA Chair<br><b>Designated Agency Contact (Name, Title)</b> |                                    | Date Stamp   | California <b>802</b><br>Form<br>For Official Use Only |
| <b>Area Code/Phone Number</b><br>510.383.4801  | <b>E-mail</b><br>lreid@oakland.net | <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)<br><b>Date of Original Filing:</b> _____<br>(month, day, year) |  |

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 126.00

Event Description: Maroon 5 Date(s) 10 / 16 / 16

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☐ If yes: \_\_\_\_\_  
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|---|-----------------------------|--|
|   |                             |  |
|   |                             |  |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
| Reid, Larry   | 2                           | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small><br>to investigate efficiencies of operations of various Sporting and other events that occur at Coliseum Complex |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small>   |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|   |                             |  |
|   |                             |  |

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


 Larry Reid  
 Signature of Agency Head or Designee Print Name Title

10.3.16  
(month, day, year)

Comment: \_\_\_\_\_



# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

## 1. Agency Name

Oakland Alameda County Coliseum Authority

Division, Department, or Region (if Applicable)

Yui Hay Lee, Commissioner

Designated Agency Contact (Name, Title)

Area Code/Phone Number  
(510) 836-6688

E-mail  
YuiHay@YHLA.net

Date Stamp

California Form **802**  
For Official Use Only

☐ Amendment (Must provide explanation in Part 3.)

Date of Original Filing: (Month, Day, Year)

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 126<sup>00</sup>

Event Description MAROON 5  
Provide Title/Explanation

Date(s) 09/30/16 10, 16, 16

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐

If no: Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

If yes: Yui Hay Lee  
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|---|------------------------------|---|
| <u>YUI HAY LEE, COMMISSIONER</u>                                  | <u>2</u>                     | <u>#3</u>   |
|   |                              |   |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/Pass(es) | Identify one of the following:  |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below: |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below: |
|   |                              |   |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|   |                              |   |
|   |                              |   |

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee

Yui Hay Lee

Print Name

OACCA Commissioner

Title

9/21/16  
(Month, Day, Year)

Comment:

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

## 1. Agency Name

OaklandAlameda County Coliseum Authority

Division, Department, or Region (if applicable)

Christopher Dobbins, OACCA Commissioner

Designated Agency Contact (Name, Title)

Area Code/Phone Number

510.383.4801

E-mail

chrisdobbinslaw@yahoo.com

Date Stamp

California  
Form

802

For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 126.00

Event Description: Maroon 5 Date(s) 10 / 16 / 16  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☐ If yes: \_\_\_\_\_  
Official's Name (Last, First)

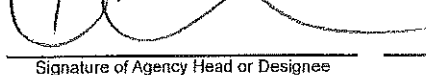
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. | Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy  |
|----|--|-----------------------------|---|
|    |  |                             |   |
|    |  |                             |   |
| B. | Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:  |
|    | Dobbins, Chris   | 2                           | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:<br>to investigate the efficiencies of operations of various sporting and other events that occur at Coliseum Complex |
|    |  |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:   |
| C. | Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy  |
|    |  |                             |   |
|    |  |                             |   |

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

  
Signature of Agency Head or Designee

Chris Dobbins  
Print Name

OACCA Commissioner  
Title

10.3.16  
(month, day, year)

Comment: \_\_\_\_\_

Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

|   |  |  |   |
|---|--|--|---|
| <b>1. Agency Name</b><br>Oakland Alameda County Coliseum Authority<br>Division, Department, or Region (If Applicable)<br>Sabrina B. Landreth<br>Designated Agency Contact (Name, Title)<br>City Administrator<br>Area Code/Phone Number (510) 238-6840<br>E-mail SLandreth@oaklandnet.com |  | Date Stamp   | California Form <b>802</b><br>For Official Use Only |
|   |  | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br>(Month, Day, Year) |   |

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 126.00  
Event Description Amy Schumer Date(s) 10 / 20 / 16  
Provide Title/Explanation  
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source  
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: Sabrina Landreth  
Official's Name (Last, First)


**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy   |
|---|------------------------------|--|
|   |                              |  |
|   |                              |  |
|   |                              |  |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/Pass(es) | Identify one of the following:   |
| Unable to Use   | 2                            | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small><br>To provide incentives to City employees that provide services to the Authority |
|   | 2                            | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small>   |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy   |
|   |                              |  |
|   |                              |  |

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

|   |                                |                             |                                       |
|---|--------------------------------|-----------------------------|---------------------------------------|
| <br>Signature of Agency Head or Designee | Sabrina Landreth<br>Print Name | City Administrator<br>Title | <u>10/20/16</u><br>(Month, Day, Year) |
|---|--------------------------------|-----------------------------|---------------------------------------|

Comment: \_\_\_\_\_

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

## 1. Agency Name

OaklandAlameda County Coliseum Authority

Division, Department, or Region (if applicable)

Christopher Dobbins, OACCA Commissioner

Designated Agency Contact (Name, Title)

Area Code/Phone Number

510.383.4801

E-mail

chrisdobbinslaw@yahoo.com

Date Stamp

California  
Form **802**

For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 126.00

Event Description: Amy Schumer Date(s) 10 / 20 / 16  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☐ If yes: \_\_\_\_\_  
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy  |
|---|-----------------------------|---|
|   |                             |   |
|   |                             |   |
|   |                             |   |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:  |
| Dobbins, Chris  | 2                           | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:<br>to investigate the efficiencies of operations of various sporting and other events that occur at Coliseum Complex |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:   |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy  |
|   |                             |   |
|   |                             |   |

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee

Chris Dobbins

Print Name

OACCA Commissioner

Title

10.3.16

(month, day, year)

Comment: \_\_\_\_\_



Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

|   |                            |  |  |
|---|----------------------------|--|--|
| 1. Agency Name                                  |                            | Data Stamp   | California Form 802<br>For Official Use Only |
| Oakland Alameda County Coliseum Authority       |                            |  |  |
| Division, Department, or Region (If Applicable) |                            |  |  |
| Scott Haggerly, OACCA Commissioner              |                            | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br>(Month, Day, Year) |  |
| Designated Agency Contact (Name, Title)         |                            |  |  |
| Area Code/Phone Number                          | E-mail                     |  |  |
| 510.272.6691                                    | leeann.fergerson@acgov.org |  |  |

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 126.00

Event Description Amy Schumer Date(s) 10, 20, 11  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: Haggerly, Scott  
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy   |
|---|------------------------------|--|
| Alameda County, District One                                      |                              | to promote the Coliseum Complex for the use by the general public and businesses to maximize revenues  |
|   |                              |  |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/Pass(es) | Identify one of the following:   |
| <u>Stacey chase</u>   | <u>2</u>                     | To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales <input checked="" type="checkbox"/>               |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy   |
|   |                              |  |
|   |                              |  |

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Lee Ann Ferguson Lee Ann Ferguson Supervisors Assistant 10-20-16  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: \_\_\_\_\_

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

**1. Agency Name**

OaklandAlameda County Coliseum Authority

Division, Department, or Region (if applicable)

Larry Reid, OACCA Chair

Designated Agency Contact (Name, Title)

Area Code/Phone Number

510.383.4801

E-mail

lreid@oakland.net

Date Stamp

California  
Form

**802**

For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 126.00

Event Description: Amy Schumer Date(s) 10 / 20 / 16  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☐ If yes: \_\_\_\_\_  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. | Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|----|--|-----------------------------|--|
|    |  |                             |  |
|    |  |                             |  |
| B. | Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
|    |  |                             | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below: |
|    | Reid, Larry  | 2                           | to investigate efficiencies of operations of various Sporting and other events that occur at Coliseum Complex  |
|    |  |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:            |
| C. | Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|    |  |                             |  |
|    |  |                             |  |

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee

Larry Reid  
Print Name

OACCA Chair  
Title

10.3.16  
(month, day, year)

Comment:



**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

|   |                                 |  |   |
|---|---------------------------------|--|---|
| <b>1. Agency Name</b>                           |                                 | Date Stamp   | <b>California Form 802</b><br>For Official Use Only |
| Oakland-Alameda County Coliseum Authority       |                                 |  |   |
| Division, Department, or Region (If Applicable) |                                 |  |   |
| Barbara J. Parker, City Attorney/OAACA Official |                                 |  |   |
| Designated Agency Contact (Name, Title)         |                                 | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) |   |
| Area Code/Phone Number                          | E-mail                          | Date of Original Filing: _____<br>(Month, Day, Year)                     |   |
| (510) 238-3815                                  | bparker@oaklandcityattorney.org |  |   |

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 168.00

Event Description Kanye West Date(s) 10 / 22 / 16  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☐ If yes: \_\_\_\_\_  
Official's Name (Last, First)

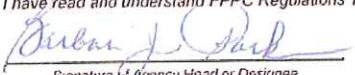
**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy   |
|---|------------------------------|--|
|   |                              |  |
|   |                              |  |
|   |                              |  |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/Pass(es) | Identify one of the following:   |
| Barbara J. Parker   | 2                            | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small><br>To investigate the efficiencies of the operations of the various sporting and other events that occur at Coliseum Complex |
| <u>TICKETS NOT USED</u>   | 2                            | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small>   |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy   |
|   |                              |  |
|   |                              |  |

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


 Barbara J. Parker
 City Attorney/OAACA Official
 10/18/2016  
Signature of Agency Head or Designee
Print Name
Title
(Month, Day, Year)

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

|  |                                    |  |   |
|--|------------------------------------|--|---|
| <b>1. Agency Name</b><br>Oakland Alameda County Coliseum Authority |                                    | Date Stamp   | <b>California Form 802</b><br>For Official Use Only |
| Division, Department, or Region (If Applicable)                    |                                    |  |   |
| Sabrina B. Landreth  |                                    | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br>(Month, Day, Year) |   |
| Designated Agency Contact (Name, Title)                            |                                    |  |   |
| City Administrator   |                                    |  |   |
| Area Code/Phone Number<br>(510) 238-6840                           | E-mail<br>SLandreth@oaklandnet.com |  |   |

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 168.00

Event Description Kanye West Date(s) 10 / 22 / 16  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: Sabrina Landreth  
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|---|------------------------------|---|
|   |                              |   |
|   |                              |   |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/Pass(es) | Identify one of the following:  |
| Fields, Delmus  | 2                            | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:<br>To provide incentives to City employees that provide services to the Authority |
|   | 2                            | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:   |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|   |                              |   |
|   |                              |   |

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Sabrina Landreth      Sabrina Landreth      City Administrator      10/26/16  
Signature of Agency Head or Designee      Print Name      Title      (Month, Day, Year)



# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

|  |                                    |  |   |
|--|------------------------------------|--|---|
| <b>1. Agency Name</b><br>Oakland Alameda County Coliseum Authority         |                                    | Date Stamp   | California Form <b>802</b><br>For Official Use Only |
| Division, Department, or Region (If Applicable)<br><br>Sabrina B. Landreth |                                    |  |   |
| Designated Agency Contact (Name, Title)<br>City Administrator              |                                    | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br><br>Date of Original Filing: _____<br>(Month, Day, Year) |   |
| Area Code/Phone Number<br>(510) 238-6840                                   | E-mail<br>SLandreth@oaklandnet.com |  |   |

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 168.00

Event Description Kanye West Date(s) 10 / 23 / 16  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: Sabrina Landreth  
Official's Name (Last, First)


## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit   | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy   |
|---|------------------------------|--|
|   |                              |  |
|   |                              |  |
| B. Name of Individual<br><small>(Last, First)</small>                               | Number of Ticket(s)/Pass(es) | Identify one of the following:   |
| Bigbee, Michael   | 2                            | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small><br>To provide incentives to City employees that provide services to the Authority |
|   | 2                            | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small>   |
| C. Name of Outside Organization<br><small>(include address and description)</small> | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy   |
|   |                              |  |
|   |                              |  |

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

|   |                           |                      |                                   |
|---|---------------------------|----------------------|-----------------------------------|
|  | Sabrina Landreth          | City Administrator   | <u>10/20/16</u>                   |
| <small>Signature of Agency Head or Designee</small>                                 | <small>Print Name</small> | <small>Title</small> | <small>(Month, Day, Year)</small> |

Comment: \_\_\_\_\_

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

|  |                                    |  |  |
|--|------------------------------------|--|--|
| <b>1. Agency Name</b><br>OaklandAlameda County Coliseum Authority<br><b>Division, Department, or Region (if applicable)</b><br>Larry Reid, OACCA Chair<br><b>Designated Agency Contact (Name, Title)</b> |                                    | Date Stamp   | California<br>Form <b>802</b><br>For Official Use Only |
| <b>Area Code/Phone Number</b><br>510.383.4801  | <b>E-mail</b><br>lreid@oakland.net |  |  |
|  |                                    | <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)<br><b>Date of Original Filing:</b> _____<br>(month, day, year) |  |

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 168.00  
Event Description: Kanye West Date(s) 10 / 22 / 16 10 / 23 / 16  
Provide Title/ Explanation  
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: \_\_\_\_\_  
Name of Source  
Was ticket distribution made at the behest of agency official? Yes ☐ No ☐ If yes: \_\_\_\_\_  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

|           |   |                                    |  |
|-----------|---|------------------------------------|--|
| <b>A.</b> | <b>Name of Agency, Department or Unit</b>                             | <b>Number of Ticket(s)/ Passes</b> | <b>Describe the public purpose made pursuant to the agency's policy</b>  |
|           |   |                                    |  |
|           |   |                                    |  |
| <b>B.</b> | <b>Name of Individual (Last, First)</b>                               | <b>Number of Ticket(s)/ Passes</b> | <b>Identify one of the following:</b>  |
|           | Reid, Larry   | 2per                               | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small><br>to investigate efficiencies of operations of various Sporting and other events that occur at Coliseum Complex |
|           |   | day                                | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small>   |
| <b>C.</b> | <b>Name of Outside Organization (include address and description)</b> | <b>Number of Ticket(s)/ Passes</b> | <b>Describe the public purpose made pursuant to the agency's policy</b>  |
|           |   |                                    |  |
|           |   |                                    |  |

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

  
Signature of Agency Head or Designee

Larry Reid  
Print Name

OACCA Chair  
Title

10.3.16  
(month, day, year)

Comment: \_\_\_\_\_

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

|  |  |  |   |
|--|--|--|---|
| <b>1. Agency Name</b><br>OaklandAlameda County Coliseum Authority<br><b>Division, Department, or Region (if applicable)</b><br>Christopher Dobbins, OACCA Commissioner<br><b>Designated Agency Contact (Name, Title)</b> |  | Date Stamp<br><br><input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)<br><br>Date of Original Filing: _____<br>(month, day, year) | <b>California Form 802</b><br>For Official Use Only |
| <b>Area Code/Phone Number</b><br>510.383.4801  | <b>E-mail</b><br>chrisdobbinslaw@yahoo.com |  |   |

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 168.00

Event Description: Kanye West Date(s) 10 / 22 / 16 10 / 23 / 16  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☐ If yes: \_\_\_\_\_  
Official's Name (Last, First)

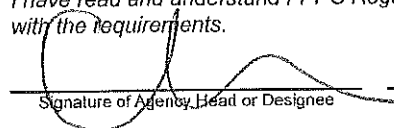
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency's policy   |
|---|----------------------------|--|
|   |                            |  |
|   |                            |  |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/Passes | Identify one of the following:   |
| Dobbins, Chris  | 2 per                      | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small><br>to investigate the efficiencies of operations of various sporting and other events that occur at Coliseum Complex |
|   | day                        | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small>   |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency's policy   |
|   |                            |  |
|   |                            |  |

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


 Chris Dobbins      OACCA Commissioner      10.3.16  
Signature of Agency Head or Designee      Print Name      Title      (month, day, year)

Comment: \_\_\_\_\_



A Public Document

|   |   |  |   |
|---|---|--|---|
| <b>1. Agency Name</b><br>Oakland-Alameda County Coliseum Authority  |   | Date Stamp   | <b>California Form 802</b><br>For Official Use Only |
| Division, Department, or Region <i>(If Applicable)</i><br>Barbara J. Parker, City Attorney/OAACA Official |   |  |   |
| Designated Agency Contact <i>(Name, Title)</i>  |   |  |   |
| Area Code/Phone Number<br>(510) 238-3815  | E-mail<br>bparker@oaklandcityattorney.org | <input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i><br>Date of Original Filing: _____<br><i>(Month, Day, Year)</i> |   |

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☐

Event Description Disney on Ice  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐

Was ticket distribution made at the behest of agency official? No ☐ Yes ☐

Face Value of Each Ticket/Pass \$ 50.50

Date(s) 10 / 26 / 16 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If no: \_\_\_\_\_  
*Name of Source*

If yes: \_\_\_\_\_  
*Official's Name (Last, First)*


### 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

|                   |   |  |  |
|-------------------|---|--|--|
| <b>A.</b>         | Name of Agency, Department or Unit                                | Number of Ticket(s)/ Pass(es)  | Describe the public purpose made pursuant to the agency's policy |
|                   |   |  |  |
|                   |   |  |  |
| <b>B.</b>         | Name of Individual<br><i>(Last, First)</i>                        | Number of Ticket(s)/ Pass(es)  | Identify one of the following:                                   |
| Barbara J. Parker | 4   | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i><br>To investigate the efficiencies of the operations of the various sporting and other events that occur at Coliseum Complex |  |
|                   | 4   | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i>   |  |
| <b>C.</b>         | Name of Outside Organization<br>(include address and description) | Number of Ticket(s)/ Pass(es)  | Describe the public purpose made pursuant to the agency's policy |
|                   |   |  |  |
|                   |   |  |  |

#### 4. Verification

I have read and understand FPIC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements

|   |                   |                              |                         |
|---|-------------------|------------------------------|-------------------------|
|  | Barbara J. Parker | City Attorney/OAACA Official | 10/18/2016              |
| <i>Signature of Agency Head or Designee</i>   | <i>Print Name</i> | <i>Title</i>                 | <i>(Month Day Year)</i> |

Comment: \_\_\_\_\_

FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)



# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

|  |                                    |  |   |
|--|------------------------------------|--|---|
| <b>1. Agency Name</b><br>Oakland Alameda County Coliseum Authority |                                    | Date Stamp   | <b>California Form 802</b><br>For Official Use Only |
| Division, Department, or Region (If Applicable)                    |                                    |  |   |
| Sabrina B. Landreth  |                                    |  |   |
| Designated Agency Contact (Name, Title)<br>City Administrator      |                                    | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br>(Month, Day, Year) |   |
| Area Code/Phone Number<br>(510) 238-6840                           | E-mail<br>SLandreth@oaklandnet.com |  |   |

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 50.50

Event Description Disney on Ice Date(s) 10 / 26 / 16  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: Sabrina Landreth  
Official's Name (Last, First)

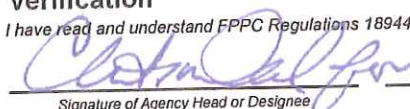
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|---|------------------------------|---|
|   |                              |   |
|   |                              |   |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/Pass(es) | Identify one of the following:  |
| Unable To Use   | 4                            | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:<br>To provide incentives to City employees that provide services to the Authority |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:   |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|   |                              |   |
|   |                              |   |

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


 Signature of Agency Head or Designee
 Sabrina Landreth
 Print Name
 City Administrator
 Title
 10/28/16
 (Month, Day, Year)

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

|  |                                    |   |   |
|--|------------------------------------|---|---|
| <b>1. Agency Name</b><br>Oakland Alameda County Coliseum Authority     |                                    | Date Stamp  | California Form <b>802</b><br>For Official Use Only |
| Division, Department, or Region (If Applicable)<br>Sabrina B. Landreth |                                    |   |   |
| Designated Agency Contact (Name, Title)<br>City Administrator          |                                    | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____ (Month, Day, Year) |   |
| Area Code/Phone Number<br>(510) 238-6840                               | E-mail<br>SLandreth@oaklandnet.com |   |   |

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 50.50

Event Description Disney on Ice Date(s) 10 / 27 / 16  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_ Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: Sabrina Landreth  
Official's Name (Last, First)

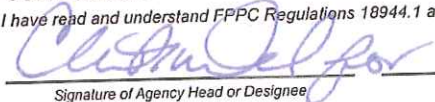
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|---|------------------------------|---|
|   |                              |   |
|   |                              |   |
|   |                              |   |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/Pass(es) | Identify one of the following:  |
| Unable To Use   | 4                            | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:<br>To provide incentives to City employees that provide services to the Authority |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:   |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|   |                              |   |
|   |                              |   |

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

 Sabrina Landreth City Administrator 10/26/16  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: \_\_\_\_\_



# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

|  |                                    |  |   |
|--|------------------------------------|--|---|
| <b>1. Agency Name</b><br>Oakland Alameda County Coliseum Authority |                                    | Date Stamp   | California Form <b>802</b><br>For Official Use Only |
| Division, Department, or Region (If Applicable)                    |                                    |  |   |
| Sabrina B. Landreth  |                                    | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br>(Month, Day, Year) |   |
| Designated Agency Contact (Name, Title)<br>City Administrator      |                                    |  |   |
| Area Code/Phone Number<br>(510) 238-6840                           | E-mail<br>SLandreth@oaklandnet.com |  |   |

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 50.50

Event Description Disney on Ice Date(s) 10 / 28 / 16  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: Sabrina Landreth  
Official's Name (Last, First)

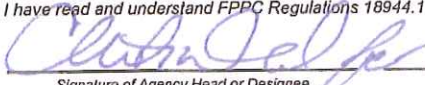
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                                | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|--|------------------------------|---|
|  |                              |   |
|  |                              |   |
|  |                              |   |
| B. Name of Individual<br>(Last, First)                               | Number of Ticket(s)/Pass(es) | Identify one of the following:  |
| Unable To Use  | 4                            | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:<br>To provide incentives to City employees that provide services to the Authority |
|  |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:   |
| C. Name of Outside Organization<br>(Include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|  |                              |   |
|  |                              |   |

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


 Sabrina Landreth
 \_\_\_\_\_
 City Administrator
 \_\_\_\_\_
 10/28/16
 \_\_\_\_\_
 (Month, Day, Year)

Signature of Agency Head or Designee      Print Name      Title

Comment: \_\_\_\_\_

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

|  |                                    |  |   |
|--|------------------------------------|--|---|
| <b>1. Agency Name</b><br>Oakland Alameda County Coliseum Authority |                                    | Date Stamp   | California Form <b>802</b><br>For Official Use Only |
| Division, Department, or Region (If Applicable)                    |                                    |  |   |
| Sabrina B. Landreth  |                                    | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br>(Month, Day, Year) |   |
| Designated Agency Contact (Name, Title)                            |                                    |  |   |
| City Administrator   |                                    |  |   |
| Area Code/Phone Number<br>(510) 238-6840                           | E-mail<br>SLandreth@oaklandnet.com |  |   |

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 50.00

Event Description Disney on Ice Date(s) 10 / 29 / 16  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: Sabrina Landreth  
Official's Name (Last, First)

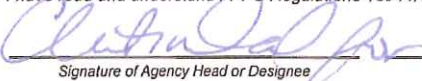
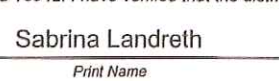
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy   |
|---|------------------------------|--|
|   |                              |  |
|   |                              |  |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/Pass(es) | Identify one of the following:   |
| Woo, Winnie   | 4                            | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small><br>To provide incentives to City employees that provide services to the Authority |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small>   |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy   |
|   |                              |  |
|   |                              |  |

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


 Sabrina Landreth
 
 City Administrator
 10/28/16

Signature of Agency Head or Designee
Print Name
Title
(Month, Day, Year)

Comment: \_\_\_\_\_



# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

|  |                                    |  |   |
|--|------------------------------------|--|---|
| <b>1. Agency Name</b><br>Oakland Alameda County Coliseum Authority |                                    | Date Stamp   | California Form <b>802</b><br>For Official Use Only |
| Division, Department, or Region (If Applicable)                    |                                    |  |   |
| Sabrina B. Landreth  |                                    | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br>(Month, Day, Year) |   |
| Designated Agency Contact (Name, Title)                            |                                    |  |   |
| City Administrator   |                                    |  |   |
| Area Code/Phone Number<br>(510) 238-6840                           | E-mail<br>SLandreth@oaklandnet.com |  |   |

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 50.50

Event Description Disney on Ice Date(s) 10 / 30 / 16  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: Sabrina Landreth  
Official's Name (Last, First)


## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|---|------------------------------|---|
|   |                              |   |
|   |                              |   |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/Pass(es) | Identify one of the following:  |
| Schlenk, Sarah  | 4                            | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:<br>To provide incentives to City employees that provide services to the Authority |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:   |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|   |                              |   |
|   |                              |   |

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


 Signature of Agency Head or Designee
 Sabrina Landreth
 Print Name
 City Administrator
 Title
 10/28/16
 (Month, Day, Year)

Comment: \_\_\_\_\_

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

|  |   |  |  |
|--|---|--|--|
| <b>1. Agency Name</b><br>Oakland Alameda County Coliseum Authority                       |   | Date Stamp   | California<br>Form <b>802</b><br>For Official Use Only |
| Division, Department, or Region (if applicable)<br>Krishna Petitt, Oakland City Attorney |   |  |  |
| Designated Agency Contact (Name, Title)  |   |  |  |
| Area Code/Phone Number<br>510.383.4801   | E-mail<br>kpetitt@oaklandcityattorney.org | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)<br>Date of Original Filing: _____<br>(month, day, year) |  |

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 50.50

Event Description: DOI \_\_\_\_\_ Date(s) 10 / 29 / 16  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

**3. Recipients**

\* Use Section A to identify the agency's department or unit. \* Use Section B to identify an individual. \* Use Section C to identify an outside organization.

|           |  |                            |  |
|-----------|--|----------------------------|--|
| <b>A.</b> | Name of Agency, Department or Unit                             | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency's policy   |
|           |  |                            |  |
| <b>B.</b> | Name of Individual (Last, First)                               | Number of Ticket(s)/Passes | Identify one of the following:   |
|           | Petitt, Krishna  | 4                          | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:<br>to investigate the efficiencies of operations of various sporting and other events occurring at Coliseum Complex |
|           |  |                            | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:  |
| <b>C.</b> | Name of Outside Organization (include address and description) | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency's policy   |
|           |  |                            |  |

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


 Krishna Petitt  
Signature of Agency Head or Designee

Print Name

Oakland City Attorney  
Title

10.31.16  
(month, day, year)

Comment: \_\_\_\_\_

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

**1. Agency Name**

OaklandAlameda County Coliseum Authority

**Division, Department, or Region** (if applicable)

Larry Reid, OACCA Chair

**Designated Agency Contact** (Name, Title)

**Area Code/Phone Number**

510.383.4801

**E-mail**

lreid@oakland.net

Date Stamp

California  
Form

**802**

For Official Use Only

☐ **Amendment** (Must Provide Explanation in Part 3.)

**Date of Original Filing:** \_\_\_\_\_  
(month, day, year)

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 55.50

Event Description: Disney on Ice Date(s) 10 / 28 / 16  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☐ If yes: \_\_\_\_\_  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. | Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy  |
|----|--|-----------------------------|---|
|    |  |                             |   |
|    |  |                             |   |
| B. | Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:  |
|    |  |                             | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|    | Reid, Larry  | 6                           | to provide opportunities to community groups to utilize the facility  |
|    |  |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small>            |
| C. | Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy  |
|    |  |                             |   |
|    |  |                             |   |

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee

Larry Reid  
Print Name

OACCA Chair  
Title

10.3.16  
(month, day, year)

Comment: \_\_\_\_\_

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

|  |                                     |  |   |
|--|-------------------------------------|--|---|
| <b>1. Agency Name</b><br>OaklandAlameda County Coliseum Authority                          |                                     | Date Stamp   | <b>California Form 802</b><br>For Official Use Only |
| Division, Department, or Region (if applicable)<br>Christopher Dobbins, OACCA Commissioner |                                     |  |   |
| Designated Agency Contact (Name, Title)  |                                     |  |   |
| Area Code/Phone Number<br>510.383.4801   | E-mail<br>chrisdobbinslaw@yahoo.com | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)<br>Date of Original Filing: _____<br>(month, day, year) |   |

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 50.50

Event Description: Disney on Ice Date(s) 10 / 27 / 16  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☐ If yes: \_\_\_\_\_  
Official's Name (Last, First)


**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|---|-----------------------------|--|
|   |                             |  |
|   |                             |  |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
| Dobbins, Chris  | 6                           | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:<br>to provide opportunities to community groups to utilize the facility |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:  |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|   |                             |  |
|   |                             |  |

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

|   |               |                    |                    |
|---|---------------|--------------------|--------------------|
|  | Chris Dobbins | OACCA Commissioner | 10.3.16            |
| Signature of Agency Head or Designee  | Print Name    | Title              | (month, day, year) |

Comment: \_\_\_\_\_



# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

|  |  |  |   |
|--|--|--|---|
| <b>1. Agency Name</b><br>Oakland Alameda County Coliseum Authority<br><b>Division, Department, or Region (If Applicable)</b><br>Sabrina B. Landreth<br><b>Designated Agency Contact (Name, Title)</b><br>City Administrator<br><b>Area Code/Phone Number</b> (510) 238-6840 <b>E-mail</b> SLandreth@oaklandnet.com |  | Date Stamp<br><br><input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br>(Month, Day, Year) | <b>California Form 802</b><br>For Official Use Only |
|--|--|--|---|

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 675<sup>00</sup>

Event Description Warriors Date(s) 10 / 21 / 16  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: Sabrina Landreth  
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

|           |  |                              |   |
|-----------|--|------------------------------|---|
| <b>A.</b> | Name of Agency, Department or Unit                             | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|           |  |                              |   |
|           |  |                              |   |
| <b>B.</b> | Name of Individual (Last, First)                               | Number of Ticket(s)/Pass(es) | Identify one of the following:  |
|           |  |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below: |
|           | Ford, Charles  | 2                            | To provide incentives to City employees that provide services to the Authority  |
|           |  | 2                            | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below: |
| <b>C.</b> | Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|           |  |                              |   |
|           |  |                              |   |

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Sabrina Landreth City Administrator 10/26/16  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: \_\_\_\_\_

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

|  |                                    |  |   |
|--|------------------------------------|--|---|
| <b>1. Agency Name</b><br>Oakland Alameda County Coliseum Authority |                                    | Date Stamp   | <b>California Form 802</b><br>For Official Use Only |
| Division, Department, or Region (If Applicable)                    |                                    |  |   |
| Sabrina B. Landreth  |                                    |  |   |
| Designated Agency Contact (Name, Title)<br>City Administrator      |                                    | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br>(Month, Day, Year) |   |
| Area Code/Phone Number<br>(510) 238-6840                           | E-mail<br>SLandreth@oaklandnet.com |  |   |

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 1350<sup>00</sup>

Event Description Warriors Date(s) 10 / 25 / 16  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
*Name of Source*

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: Sabrina Landreth  
*Official's Name (Last, First)*

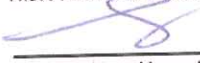
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                                | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy   |
|--|------------------------------|--|
|  |                              |  |
|  |                              |  |
|  |                              |  |
| B. Name of Individual<br>(Last, First)                               | Number of Ticket(s)/Pass(es) | Identify one of the following:   |
| Landreth, Sabrina  | 2                            | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i><br>To investigate the efficiencies of the operations of the various sporting and other events that occur at the Coliseum Complex. |
|  | 2                            | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i>   |
| C. Name of Outside Organization<br>(include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy   |
|  |                              |  |
|  |                              |  |

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


 \_\_\_\_\_ Sabrina Landreth \_\_\_\_\_ City Administrator \_\_\_\_\_  
 Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

A Public Document

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

|  |                               |  |                       |
|--|-------------------------------|--|-----------------------|
| <b>1. Agency Name</b>                                    |                               | Date Stamp   | Form<br>California    |
| Oakland-Alameda County Coliseum Authority                |                               |  | For Official Use Only |
| Division, Department, or Region (if Applicable)          |                               |  |                       |
| Susan S. Muranishi, County Administrator, Alameda County |                               | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br>(Month, Day, Year) |                       |
| Designated Agency Contact (Name, Title)                  |                               |  |                       |
| Area Code/Phone Number                                   | E-mail                        |  |                       |
| 510-272-3862   | countyadministrator@acgov.org |  |                       |

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ \_\_\_\_\_

Event Description Golden State Warriors Basketball Date(s) See attached \_\_\_\_/\_\_\_\_/\_\_\_\_  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐ If yes: \_\_\_\_\_  
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|---|------------------------------|---|
|   |                              |   |
|   |                              |   |
|   |                              |   |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/Pass(es) | Identify one of the following:  |
| Muranishi, Susan S.   | 2/date                       | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:<br>to provide incentives to City and County employees that provide services to the Authority |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:   |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|   |                              |   |
|   |                              |   |

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

*Susan S. Muranishi*  
 Signature of Agency Head or Designee

Susan S. Muranishi

Print Name

County Administrator

Title

10/4/16  
 (Month, Day, Year)

Comment: \_\_\_\_\_

**Golden State Warriors**

**October 2016**

**Susan Muranishi**

|              |                  |             |           |
|--------------|------------------|-------------|-----------|
| • Warriors v | October 4, 2016  | (2) tickets | \$675.00  |
| • Warriors v | October 21, 2016 | (2) tickets | \$675.00  |
| • Warriors v | October 25, 2016 | (2) tickets | \$1350.00 |



**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

|   |                                       |                     |   |                            |                       |
|---|---------------------------------------|---------------------|---|----------------------------|-----------------------|
| <b>1. Agency Name</b><br>Oakland Alameda County Coliseum Authority<br><hr/> <b>Division, Department, or Region (if applicable)</b><br>Scott McKibben, OACCA Executive Director<br><hr/> <b>Designated Agency Contact (Name, Title)</b><br><hr/> |                                       | Date Stamp<br><hr/> | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 5px;"> <b>California Form 802</b> </td> </tr> <tr> <td style="text-align: center; padding: 5px;">                 For Official Use Only             </td> </tr> </table> <hr/> <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)<br><hr/> Date of Original Filing: _____<br><div style="text-align: right; font-size: small;">(month, day, year)</div> | <b>California Form 802</b> | For Official Use Only |
| <b>California Form 802</b>  |                                       |                     |   |                            |                       |
| For Official Use Only   |                                       |                     |   |                            |                       |
| <b>Area Code/Phone Number</b><br>510.383.4801   | <b>E-mail</b><br>smckibben1@gmail.com |                     |   |                            |                       |

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes ☒    No ☐    Face Value of Each Ticket/Pass \$ see attached

Event Description: Warriors 2016 Season    Date(s) see attached  

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes ☒    No ☐    If no: \_\_\_\_\_  

Name of Source

Was ticket distribution made at the behest of agency official?    Yes ☐    No ☒    If yes: \_\_\_\_\_  

Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|---|-----------------------------|--|
|   |                             |  |
|   |                             |  |
|   |                             |  |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
| McKibben, Scott   |                             | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i><br>To investigate the efficiencies of the operations of various sporting and other events that occur at Coliseum Complex |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i>   |
|   |                             |  |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|   |                             |  |
|   |                             |  |

**4. Verification**

*I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.*

Scott McKibben
OACCA Executive Director

Signature of Agency Head or Designee
Print Name
Title
(month, day, year)

Comment: \_\_\_\_\_

**Golden State Warriors**

**October 2016**

**Scott McKibben**

|              |                  |             |           |
|--------------|------------------|-------------|-----------|
| • Warriors v | October 4, 2016  | (4) tickets | \$675.00  |
| • Warriors v | October 21, 2016 | (4) tickets | \$675.00  |
| • Warriors v | October 25, 2016 | (4) tickets | \$1350.00 |

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

## 1. Agency Name

Oakland Alameda County Coliseum Authority

Division, Department, or Region (If Applicable)

Sabrina B. Landreth

Designated Agency Contact (Name, Title)

City Administrator

Area Code/Phone Number

(510) 238-6840

E-mail

SLandreth@oaklandnet.com

Date Stamp

California  
Form

802

For Official Use Only

☐ Amendment (Must provide explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(Month, Day, Year)

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 675<sup>00</sup>

Event Description Warriors  
Provide Title/Explanation

Date(s) 10 / 04 / 16

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐

If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

If yes: Sabrina Landreth  
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|---|------------------------------|---|
|   |                              |   |
|   |                              |   |
|   |                              |   |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/Pass(es) | Identify one of the following:  |
| Jefferson, Jamilah  | 2                            | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:<br>To provide incentives to City employees that provide services to the Authority |
|   | 2                            | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:   |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|   |                              |   |
|   |                              |   |

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee

Sabrina Landreth

Print Name

City Administrator

Title

10/20/16  
(Month, Day, Year)

Comment: \_\_\_\_\_



# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

## 1. Agency Name

Oakland Alameda County Coliseum Authority

Division, Department, or Region (if applicable)

Office of the County Counsel

Designated Agency Contact (Name, Title)

Donna Ziegler

Area Code/Phone Number

5102726700

E-mail

donna.ziegler@acgov.org

Date Stamp

California  
Form

802

For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 168.00

Event Description: Kanye West Concert Date(s) 10 / 22 / 16  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Ziegler, Donna  
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|---|-----------------------------|--|
|   |                             |  |
|   |                             |  |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
| Branch, Devin   | 2                           | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:<br>To promote the use of the complex by the general public and businesses and to maximize revenue |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:  |
| C. Name of Outside Organization (Include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|   |                             |  |
|   |                             |  |

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee

Donna Ziegler

Print Name

County Counsel

Title

12-9-16

(month, day, year)

Comment: \_\_\_\_\_